

Approved For Release 2001/07/16 : CIA-RDP80-00679A000100020010-4

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION			1. Date
2. Name (last, first, middle)		3. Suspense date (10 working days)	
4. Organizational assignment	5. Position title (& grade)	6. Personnel Division: Overt Covert	
7. The Medical Office is requested to check the desired action, returning the original copy of this form to the appropriate Personnel Division no later than the suspense date indicated in Item No. 3.			
a. Approve processing for E.O.D. <input type="checkbox"/>			
b. Hold pending receipt additional medical information. (Form letters attached) <input type="checkbox"/>			
c. Request pre-employment medical examination. <input type="checkbox"/>			
d. Rejected for medical reasons. <input type="checkbox"/>			
8. Remarks:			
<div style="text-align: right;">_____ Medical Office</div>			

Form No. 37-163
Feb. 1953